

Notice of Intent - Recovery Zone Bonds

Reference: Executive Order of the Governor of the Commonwealth of Virginia,
dated September __, 2009

[Due no later than Monday, November 2, 2009]

Attn:

Hand Deliveries

Patrick Henry Building
1111 East Broad Street
Richmond, VA 23219

U.S. Mail

P.O. Box 1475
Richmond, VA 23218

To Whom it May Concern –

A. Mandatory

1. Locality: _____
2. Locality's Recovery Zone Limitation for:
 - a. Recovery Zone Economic Development Bond Allocation: _____
 - b. Recovery Zone Facility Bond Allocation: _____
3. Locality expresses its intent to use the following amounts of its:
 - a. Recovery Zone Economic Development Bond Allocation: _____
 - b. Recovery Zone Facility Bond Allocation: _____
4. Locality elects to waive the following amounts of its:
 - a. Recovery Zone Economic Development Bond Allocation: _____
 - b. Recovery Zone Facility Bond Allocation: _____

B. Optional: As attachments hereto, the Locality provides the following information, if any: a description of the project or purpose to be financed with proceeds of the issuance of Recovery Zone Bonds, the issuer thereof and participants therein, and the expected schedule for such project or purpose, and issuance.

On behalf of the Locality, the undersigned duly authorized official¹ of the Locality, hereby certifies on behalf of the Locality that it has read the above-referenced Executive Order of the Governor, dated September __, 2009, is familiar with the matters therein, and is authorized by the Locality to make this filing and to discuss the matters herein.

By: _____
Signature of Authorized Official

Name (please print) _____

Title _____

Locality Address _____

Phone Number of Authorized Official: _____

Email address:

Date _____, 2009

¹ Authorized official shall mean the chief executive officer, and if not available, the highest elected official.

Project Verification Report - Recovery Zone Bonds

Reference: Executive Order of the Governor of the Commonwealth of Virginia,
dated September __, 2009

[Due no later than Tuesday, December 15, 2009]

Attn:

Hand Deliveries

Patrick Henry Building
1111 East Broad Street
Richmond, VA 23219

U.S. Mail

P.O. Box 1475
Richmond, VA 23218

1. GENERAL INFORMATION

A. Locality: _____

B. Issuing Entity: _____

C. Name of Project or Purpose: _____

D. Type of Bonds

☐ Recovery Zone Economic Development Bonds

☐ Recovery Zone Facility Bonds

E. Bond allocation reserved: \$_____

F. Waived allocation(s) and type(s): \$_____

2. PROJECT INFORMATION

A. General Description of the Project or Purpose, as applicable:

B. Location of Project or Purpose (City, County, or Town) _____

C. Name, address, phone number, and tax ID number of each proposed issuer, borrower, and developer.

E. Name, address, and phone number of bond counsel.

3. ATTACHMENTS - THIS PROJECT VERIFICATION REPORT IS NOT COMPLETE UNLESS ALL ATTACHMENTS ARE INCLUDED HEREWITH. ALL DOCUMENTATION MUST BE CURRENT.

A. Inducement resolution, reimbursement resolution, or other documentation of the preliminary approval of the project by the issuing entity, in conformity with applicable federal and state law.

B. Recovery zone designation.

- C. Appropriate elected official's or governing body's (or bodies') formal approval of the project or purpose, as applicable, in conformity with applicable federal and state law.
- C. Written opinion of bond counsel that the project is eligible to utilize Recovery Zone Bonds pursuant to the Internal Revenue Code of 1986.
- D. A definite and binding financing commitment from the purchaser or underwriter of the bonds for the project.

On behalf of the [Issuer/Locality], the undersigned duly authorized official² of such, hereby certifies on its behalf, that such person has read the above-referenced Executive Order of the Governor, dated September __, 2009, is familiar with the matters therein, and is authorized by the [Issuer/Locality] to make this filing and to discuss the matters herein.

By: _____

Signature of Authorized Official

Name (please print) _____

Title _____

Locality Address _____

Phone Number of Authorized Official: _____

Email:

Date _____, 2009

² Authorized official shall mean the chief executive officer, and if not available, the highest elected official.